

## **AUTHORIZATION TO USE IMAGE**

I hereby consent to my photograph being taken or image recorded by the City of Garland in connection with the City of Garland neighborhood programs.

Furthermore, I authorize the use, copyright, or publication of my name, image or voice as may be captured by photograph, video or audio recording while attending or participating with the Office of Neighborhood Vitality, in any medium, for any purpose, including illustration, promotion, marketing or advertisement.

(Signature of Parent or Guardian)
(Printed Name of Parent or Guardian)
(Child's Name - Age)
(Date)
(Witness)